

<i>SERFF Tracking Number:</i>	<i>FRCS-126253958</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Knights of Columbus</i>	<i>State Tracking Number:</i>	<i>43168</i>
<i>Company Tracking Number:</i>	<i>5229</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Revised SUL LPR 9-09 Rider</i>		
<i>Project Name/Number:</i>	<i>KOFC/141/141</i>		

Filing at a Glance

Company: Knights of Columbus		
Product Name: Revised SUL LPR 9-09 Rider	SERFF Tr Num: FRCS-126253958	State: Arkansas
TOI: L09I Individual Life - Flexible Premium	SERFF Status: Closed-Approved-	State Tr Num: 43168
Adjustable Life	Closed	
Sub-TOI: L09I.002 Joint (Last Survivor)	Co Tr Num: 5229	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Authors: Jana Ellmaker, Kevin Wiggs	Disposition Date: 08/11/2009
	Date Submitted: 08/06/2009	Disposition Status: Approved-Closed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: KOFC/141	Status of Filing in Domicile: Pending
Project Number: 141	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Submitted on or about this same date.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Group Market Size:
Overall Rate Impact:	Group Market Type:
Filing Status Changed: 08/11/2009	Explanation for Other Group Market Type:
	State Status Changed: 08/11/2009
Deemer Date:	Created By: Kevin Wiggs
Submitted By: Exselsa Cartwright	Corresponding Filing Tracking Number:
Filing Description:	
We have been retained by Knights of Columbus (the Order) to file the above-referenced form for approval in your state.	
Our fee of \$20 has been sent by EFT on this same date.	
The Knights of Columbus is a fraternal society.	

SERFF Tracking Number: FRCS-126253958 State: Arkansas
Filing Company: Knights of Columbus State Tracking Number: 43168
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Adjustable Life
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This rider is new and is intended to replace a previously approved Lapse Protection Rider, form SUL LPR 1-09, which was approved by your Department on 02/24/2009 (file number 41441). The Order certifies that no SUL LPR 1-09 rider has been issued.

The new rider contains the following changes:

1. A paragraph added to the Lapse Protect Benefit explaining that on each Monthly Due Date, the Order will determine if the sum of the premiums, less withdrawals and loans exceeds the Cumulative Lapse Protection Premium. If this occurs, a notice will be sent to the owner so that insufficient premium may be paid. If the premium is not paid, the Rider will terminate.
2. The fact that the rider will terminate any monthly due date when the Cumulative Lapse Protection Premium exceeds the sum of premiums paid, less withdrawals, less loans and if the insufficiency is not corrected on or before the next Monthly Due Date.
3. In the Waiver of Monthly Deduction provision, "shall" was replaced with "will not."
4. Expiry Date was deleted from the termination provision as there is no expiry date in the Contract to which the rider will be attached.

A marked copy showing the changes made to the new rider is attached.

The Lapse Protection Rider, form SUL LPR 9-09 will always be added with issues of 840-AR 1-08, approved by your Department on 02/24/2009 (file number 41441). It provides additional protection against the contract entering into a grace period if certain criteria are met. There is no additional cost of insurance for this rider.

We have also enclosed a copy of a sample contract data page, page 3, showing the rider information for the rider submitted in this filing.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

Kevin Wiggs, Compliance Specialist
1020 Central
Suite 201
Kansas City, MO 64105

kevin.wiggs@firstconsulting.com
800-927-2730 [Phone] 2736 [Ext]
816-391-2755 [FAX]

Filing Company Information

SERFF Tracking Number: FRCS-126253958 State: Arkansas
Filing Company: Knights of Columbus State Tracking Number: 43168
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(This filing was made by a third party - FC01)

Knights of Columbus	CoCode: 58033	State of Domicile: Connecticut
1 Columbus Plaza	Group Code:	Company Type:
New Haven, CT 06507-3326	Group Name:	State ID Number:
(203) 752-4266 ext. [Phone]	FEIN Number: 06-0416470	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	AR fee of \$20 per rider.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Knights of Columbus	\$20.00	08/06/2009	29676258

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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>Revised SUL LPR 9-09 Rider</i>		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/11/2009	08/11/2009

<i>SERFF Tracking Number:</i>	<i>FRCS-126253958</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 08/11/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	FRCS-126253958	State:	Arkansas
Filing Company:	Knights of Columbus	State Tracking Number:	43168
Company Tracking Number:	5229		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.002 Joint (Last Survivor)
Product Name:	Revised SUL LPR 9-09 Rider		
Project Name/Number:	KOFC/141/141		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Revised Form with Changes Marked		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Third Party Authorization		Yes
Supporting Document	Sample Data Page		Yes
Form	Lapse Protection Rider		Yes

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Form Schedule

Lead Form Number: SUL LPR 9-09

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	SUL LPR 9-09	Policy/Cont Lapse Protection ract/Fratern Rider al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial		53.000	SUL LPR 9-09_dist.pdf

KNIGHTS OF COLUMBUS LAPSE PROTECTION RIDER

This rider is made part of the Contract to which it is attached. The benefit is subject to the provisions, terms and conditions of this rider and the Contract. This rider is issued in consideration of the application received and the payment of the Minimum Monthly Premium for the Contract to which this rider is attached. The definitions on page 4 of the Contract also apply to this rider.

ISSUE DATE:

This rider becomes effective as of the Issue Date of the Contract. This rider cannot be elected after the Issue Date.

LAPSE PROTECTION BENEFIT

If, on any Monthly Due Date during the life of the Contract, the sum of the premiums paid, less withdrawals, less loans, exceeds the Cumulative Lapse Protection Premium, and this occurs before the younger Insured's attained age 120, then the Contract shall not enter a grace period on that Monthly Due Date as described in the Contract's Grace Period and Lapse provisions, even if the Cash Surrender Value of the Contract is insufficient to cover the current Monthly Deduction. The computation of values will continue as described in the Contract, except that interest will not accrue on negative Contract Value.

If the younger insured has not yet attained age 100, the Cumulative Lapse Protection Premium is the sum of the Minimum Monthly Premium for each Monthly Due Date the Contract has been in force. If the younger insured is age 100 or older, the Cumulative Lapse Protection Premium is the sum of the Minimum Monthly Premium for each Monthly Due Date the Contract was in force prior to Annual Contract Date when the younger insured was age 100.

On each Monthly Due Date, we will determine if the sum of the premiums paid less, withdrawals, less loans exceeds the Cumulative Lapse Protection Premium. Notice of the amount of premium required to be paid to keep this benefit in force shall be sent to the last known address of the owner and of any assignee on record. This notice will be sent no later than the next business day after we determine that the sum of the premiums paid, less withdrawals less loans is insufficient. If sufficient premium is not paid on or before the next Monthly Due Date this Rider will terminate as of the Monthly Due Date on which the insufficiency was determined.

CHANGES IN LAPSE PROTECTION RIDER MINIMUM MONTHLY PREMIUM

The Minimum Monthly Premium may change if:

- (a) The Contract Amount is changed;
- (b) A rider is added or deleted; or
- (c) A Risk Class is changed.

REINSTATEMENT

If this rider terminates, it may not be reinstated.

WAIVER OF MONTHLY DEDUCTION

If this rider is attached to a contract with a Second to Die Waiver of Monthly Deduction rider, then at every Monthly Due Date that the Monthly Deductions are waived, this provision will not increase the Cumulative Lapse Protection Premium by the Minimum Monthly Premium for that Monthly Due Date.

TERMINATION

The rider terminates on the earliest of:

- (a) The younger Insured's attained age 120;
- (b) The Monthly Due Date following the date we receive the owner's written request to cancel this rider.
- (c) any Monthly Due Date during the lifetime of the Contract, if on that date the Cumulative Lapse Protection Premium exceeds the sum of the premiums paid, less withdrawals, less loans, if the insufficiency is not corrected on or before the next Monthly Due Date;
- (d) When an elected nonforfeiture option in the Contract becomes operative;
- (e) The effective date of the exercise of the Splitting of Contract provision;
- (f) When the Death Benefit is paid; or
- (g) When the Contract terminates for any reason.

Issued at [New Haven, Connecticut].

KNIGHTS OF COLUMBUS



Attest:

By:

[*Donald R Kehoe*] [*Carl A. Anderson*]
Supreme Secretary Supreme Knight

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachments:		
AR RDB.pdf		
AR CoC.pdf		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	Not applicable with this rider filing.	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	
Bypass Reason:	Not applicable with this rider filing.	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Revised Form with Changes Marked	
Comments:		
Attachment:		
SUL LPR 9-09 Marked_dist.pdf		

	Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	

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Project Name/Number: KOFC/141/141

Comments:

Attachment:

SOV SUL LPR 9-09_dist.pdf

Item Status:

Status

Date:

Satisfied - Item: Third Party Authorization

Comments:

Attachment:

Auth_8-09_dist.pdf

Item Status:

Status

Date:

Satisfied - Item: Sample Data Page

Comments:

Attachment:

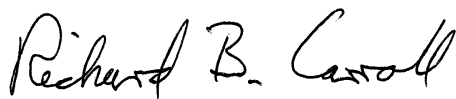
Page 3 840-AR 1-08.pdf

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Knights of Columbus

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
SUL LPR 9-09	53.0



Richard B. Carroll
Associate General Counsel

August 5, 2009
Date

STATE OF ARKANSAS
CERTIFICATION OF COMPLIANCE

Company Name: Knights of Columbus

Form Title(s): Lapse Protection Rider

Form Number(s): SUL LPR 9-09

I hereby certify that to the best of my knowledge and belief, the above form(s) and submission complies with Reg. 19, as well as the other laws and regulations of the State of Arkansas.



Richard B. Carroll
Associate General Counsel

August 5, 2009
Date

KNIGHTS OF COLUMBUS LAPSE PROTECTION RIDER

This rider is made part of the Contract to which it is attached. The benefit is subject to the provisions, terms and conditions of this rider and the Contract. This rider is issued in consideration of the application received and the payment of the Minimum Monthly Premium for the Contract to which this rider is attached. The definitions on page 4 of the Contract also apply to this rider.

ISSUE DATE:

This rider becomes effective as of the Issue Date of the Contract. This rider cannot be elected after the Issue Date.

LAPSE PROTECTION BENEFIT

If, on any Monthly Due Date during the life of the Contract, the sum of the premiums paid, less withdrawals, less loans, exceeds the Cumulative Lapse Protection Premium, and this occurs before the younger Insured's attained age 120, then the Contract shall not enter a grace period on that Monthly Due Date as described in the Contract's Grace Period and Lapse provisions, even if the Cash Surrender Value of the Contract is insufficient to cover the current Monthly Deduction. The computation of values will continue as described in the Contract, except that interest will not accrue on negative Contract Value.

If the younger insured has not yet attained age 100, the Cumulative Lapse Protection Premium is the sum of the Minimum Monthly Premium for each Monthly Due Date the Contract has been in force. If the younger insured is age 100 or older, the Cumulative Lapse Protection Premium is the sum of the Minimum Monthly Premium for each Monthly Due Date the Contract was in force prior to Annual Contract Date when the younger insured was age 100.

On each Monthly Due Date, we will determine if the sum of the premiums paid less, withdrawals, less loans exceeds the Cumulative Lapse Protection Premium. Notice of the amount of premium required to be paid to keep this benefit in force shall be sent to the last known address of the owner and of any assignee on record. This notice will be sent no later than the next business day after we determine that the sum of the premiums paid, less withdrawals less loans is insufficient. If sufficient premium is not paid on or before the next Monthly Due Date this Rider will terminate as of the Monthly Due Date on which the insufficiency was determined.

CHANGES IN LAPSE PROTECTION RIDER MINIMUM MONTHLY PREMIUM

The Minimum Monthly Premium may change if:

- (a) The Contract Amount is changed;
- (b) A rider is added or deleted; or
- (c) A Risk Class is changed.

REINSTATEMENT

If this rider terminates, it may not be reinstated.

WAIVER OF MONTHLY DEDUCTION

If this rider is attached to a contract with a Second to Die Waiver of Monthly Deduction rider, then at every Monthly Due Date that the Monthly Deductions are waived, this provision ~~shall~~will not increase the Cumulative Lapse Protection Premium by the Minimum Monthly Premium for that Monthly Due Date.

TERMINATION

The rider terminates on the earliest of:

- (a) The younger Insured's attained age 120;
- (b) The Monthly Due Date following the date we receive the owner's written request to cancel this rider.
- (c) any Monthly Due Date during the lifetime of the Contract, if on that date the Cumulative Lapse Protection Premium exceeds the sum of the premiums paid, less withdrawals, less loans, if the insufficiency is not corrected on or before the next Monthly Due Date;
- (d) When an elected nonforfeiture option in the Contract becomes operative;
- (e) The effective date of the exercise of the Splitting of Contract provision;
- (f) When the Death Benefit is paid; or
- (g) When the Contract terminates for any reason. ~~or~~
- (h) ~~On the Expiry Date.~~

Issued at [New Haven, Connecticut].

KNIGHTS OF COLUMBUS



Attest:

By:

[*Donald R Kehoe*] [*Carl A. Anderson*]

Supreme Secretary

Supreme Knight

KNIGHTS OF COLUMBUS
Memorandum of Variable Material for
Form SUL LPR 9-09

August 3, 2009

The following is an explanation of the variable material in this rider. All information which is variable is bracketed.

Page No.	Bracketed Item	Explanation of Variable Material
2	Address	The possibility that over time the Home Office could have a different address by relocating to a different city or state.
2	Officers' signatures	The Officers names will change upon retirement or death.



KNIGHTS OF COLUMBUS

August 3, 2009


To: Department of Insurance

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Knights of Columbus

By: 

Title: Associate General Counsel

CONTRACT SPECIFICATIONS

INSURED	[JOHN DOE]	[JAN 1, 2009]	REGISTER DATE
RISK CLASS	[Non-Tobacco]		
ADDITIONAL RISK	[Not Applicable]		
ISSUE AGE	[65] SEX [MALE]	[99999999]	CONTRACT NUMBER
INSURED	[MARY DOE]	[\$250,000]	CONTRACT AMOUNT
RISK CLASS	[Non-Tobacco]		
ADDITIONAL RISK	[Not Applicable]		
ISSUE AGE	[65] SEX [FEMALE]	[JAN. 1, 2009]	ISSUE DATE
COUNCIL	[99999]		

AS STATED IN CONTRACT, THE PREMIUMS ARE FLEXIBLE.

FORM NUMBER	DESCRIPTION OF BENEFITS	BENEFIT AMOUNT	PLANNED PREMIUM [ANNUAL]
840-AR 1-08	SECOND TO DIE ADJUSTABLE LIFE	(SEE PAGE 7 OF CONTRACT)	
SUL LPR 9-09	LAPSE PROTECTION RIDER		
[882 1-08	FOUR YEAR TERM RIDER]	[\$250,000]	
TOTAL			[\$4,650.00]

Note: It is possible that coverage shall end before the second death if premiums are insufficient to continue coverage for the lifetime of both insureds due to the fact that the current Monthly Deduction and interest rates are not guaranteed, and loans and withdrawals may be taken.

This Contract, including any riders, is issued based on the answers to the questions on the application. A copy of the application is included with and is part of this Contract. If the answers are incorrect, we may deny benefits or rescind this Contract with a full premium refund. The best time to clear up any question is now, before a claim occurs. If, for any reason, any of the answers are incorrect, contact the Home Office.